

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

1-17-95 B-0076-NC

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mennard  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:38

DOCUMENT # **600592** (0)

1. Corporation Name  
**JOSEPH J. SCARLET, M.D., P.A.**

Principal Place of Business Mailing Address  
**3428 N ROOSEVELT BLVD  
P.O. BOX 2008  
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/25/1968** 3a. Date of Last Report **02/18/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-1227688</b>	Not Applicable
State, Apt. #, etc.	State, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	28		
Zip	Zip	Country	Country
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of Now Registered Agent		
<b>KUPERSTEIN, STANLEY 1401 BRICKELL AVE. MIAMI FL</b>		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City	<b>FL</b>	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCARLET, JOSEPH J</b>	2. NAME	
STREET ADDRESS	<b>3428 N. ROOSEVELT BLVD.</b>	3. STREET ADDRESS	
CITY, ST, ZIP	<b>KEY WEST FL</b>	4. CITY, ST, ZIP	
TITLE		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	
STREET ADDRESS		7.3 STREET ADDRESS	
CITY, ST, ZIP		7.4 CITY, ST, ZIP	
TITLE		8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	
STREET ADDRESS		8.3 STREET ADDRESS	
CITY, ST, ZIP		8.4 CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	
STREET ADDRESS		9.3 STREET ADDRESS	
CITY, ST, ZIP		9.4 CITY, ST, ZIP	
TITLE		10. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		10.3 STREET ADDRESS	
CITY, ST, ZIP		10.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 19.07(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. This can be filed as Director of the corporation or the receiver. I further empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment to an address.

SIGNATURE: *Joseph J. Scarlet* M.D. P.A. 10 Jan 95 305 294 1024  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR